

Amt Rec'd: _____	STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES	Course #: _____
Check/MO: _____	DIVISION OF HEALTH BUREAU OF LICENSURE AND CERTIFICATION	NREMT #: _____
Receipt No.: _____	<b>EMERGENCY MEDICAL SERVICES</b>	NV EMS #: _____

## EMERGENCY MEDICAL SERVICES CERTIFICATION APPLICATION

This application for certification must be completed (front and back) and submitted to the State EMS Office, (address listed on back) and must be accompanied by a check or money order for \$10.00\*\* payable to the Nevada State Health Division. Please indicate below if this is an initial or a renewal and include the documentation requested for that process.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Initial Certification</b>                          | <input type="checkbox"/> <b>Renewal of Certification</b>   |
| <b>A. Evidence of successful completion of National Registry written exam.</b> | <b>A. Course completion form from a State approved EMS Refresher course or a Summary of State approved Continuing Education Units.</b> |
|  | <b>B. Copy of a Current CPR Card</b>   |
|  | <b>C. For Advanced, Copy of a Current ACLS Card</b>  |

Level of certification you are applying for: ☐ 1st Responder ☐ EMT  
☐ Intermediate/85 ☐ Advanced EMT

Certification endorsements you are applying for: ☐ EMS Instructor

Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
 (Street / P.O. Box) (City) (State) (Zip)

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ ☐ Male ☐ Female

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employment Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

\*\*\$25.00 fee for all returned checks

(EMS Office Use Only)			
Reviewed by: _____	Date: _____	Approve: ____	Deny: ____
Expiration Date: _____	Cert. Level: _____		
Endorsements: _____	____ EMS Instructor		
Date Entered in Database: _____	Date Printed: _____		

Please use the space provided below to list those courses that you wish to use for CEU credits **or** the Course # of the state approved Refresher Course. Please record the hours in the column for the appropriate topic. Attach copies of certificates of completion for each along with appropriate skill verifications signed by service Medical Director. If you are renewing an Instructor endorsement you must list dates, course numbers, and hours for courses taught. Please indicate whether you **T**aught or **A**ttended the course

Course Name or Number	Trauma	Peds	Geriatrics	Medical	Specialty	CPR (4hrs)	Skills (BLS-2hrs) (ILS-4hrs) (ALS 6hrs)	T/A

**CHILD SUPPORT INFORMATION:** (Certificate cannot be issued unless the applicant provides the following information.)

Please check **one** of the following:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

CERTIFICATION OF APPLICANT: **This application must be signed and dated.**

I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to certification by the State of Nevada as an Emergency Medical Technician.

**ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE  
OR DENIAL OF CERTIFICATE**

Signed: \_\_\_\_\_

Applicant (Sign in **BLUE** ink)

Date: \_\_\_\_\_

Nevada State EMS Office  
4150 Technology Way, Suite 200  
Carson City, NV 89706  
(775) 687-7590